

MO – ACT ADMISSION CRITERIA FORM

ACT Team Admission Date: _____

Diagnosis: (complete all five axes; include description / code; indicate primary / secondary)

Axis I	Code: _____ <input type="checkbox"/> 1° <input type="checkbox"/> 2°
	Code: _____ <input type="checkbox"/> 1° <input type="checkbox"/> 2°
	Code: _____ <input type="checkbox"/> 1° <input type="checkbox"/> 2°
Axis II	Code: _____ <input type="checkbox"/> 1° <input type="checkbox"/> 2°
	Code: _____ <input type="checkbox"/> 1° <input type="checkbox"/> 2°
Axis III	
Axis IV <input type="checkbox"/> Primary Support Group <input type="checkbox"/> Social Environment <input type="checkbox"/> Education <input type="checkbox"/> Occupation <input type="checkbox"/> Housing <input type="checkbox"/> Economic Problems <input type="checkbox"/> Access to Health Care <input type="checkbox"/> Interaction with legal system <input type="checkbox"/> Other	
Axis V Current mGAF/CGAS _____ Highest Past Year _____	

For admission to an Assertive Community Treatment team an individual must have a diagnosis on Axis I of 295.1,2,3,4,6,7,9; 296.0,.3,.4,.5,.6,.89; 297.1; or 298.9 and at least one of the following conditions listed below (check all that apply). Additional Axis I diagnosis only for Transition Aged Youth (age 16-25), 296.2, 296.80; or 313.89

☐ The person has been recently discharged from an extended stay in a state hospital (e.g., 3 months or more). For transitional age youth also an extended stay in a residential facility.
Name of facility: _____ **Length of stay (Months)** _____

☐ High utilization of acute psychiatric hospitals (e.g., 2 or more admissions per year) and/or psychiatric emergency services (e.g., 6 or more per year). **Specify the # of admissions over the past two years:** _____ **and/or the # of emergency contacts in the past two years:** _____.

☐ Co-existing substance use disorder (Indicate diagnosis on Axis I above) of significant duration (e.g., greater than 6 months)
Duration (Months) _____. **What is client's stage of substance abuse treatment?** _____

☐ Exhibits socially disruptive behavior with high risk of criminal/juvenile justice involvement (e.g., arrest and incarceration). **For the past two years specify the # of arrests** ____ **and/or days incarcerated** ____ **and/or # of contacts with law enforcement** ____

☐ The individual is residing in substandard housing, homeless, or at imminent risk of becoming homeless.
Specify: _____

☐ **Other (describe):** _____

Completed by (Signature): _____ Date: _____

I have reviewed the diagnosis, above criteria, and treatment plan and find that treatment continues to be medically necessary, and this client meets the ACT admission criteria as of the above ACT admission date.

QMHP: _____

Physician Signature: _____ Date: _____

Client Name	Record No.
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